

<i>SERFF Tracking Number:</i>	<i>UNFG-126015619</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41512</i>
<i>Company Tracking Number:</i>	<i>LIU-721 &amp; 723 (4-09)</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>LIU-721 &amp; LIU-723 (4-09)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: United Life Insurance Company	SERFF Tr Num: UNFG-126015619	State: ArkansasLH
Product Name: LIU-721 & LIU-723 (4-09)	SERFF Status: Closed	State Tr Num: 41512
TOI: L071 Individual Life - Whole	Co Tr Num: LIU-721 & 723 (4-09)	State Status: Approved-Closed
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life		
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Joanne Young	Disposition Date: 02/12/2009
	Date Submitted: 02/11/2009	Disposition Status: Approved-Closed
		Implementation Date:
Implementation Date Requested: 04/01/2009		
State Filing Description:		

## General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Filed in Iowa.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 02/12/2009	Explanation for Other Group Market Type:
	State Status Changed: 02/12/2009
Deemer Date:	Corresponding Filing Tracking Number:
Filing Description:	
LIU-721 (4-09) Additional 20 Year Term Rider (for whole life)	
LIU-723 (4-09) Additional 20 Year Term rider (for universal life)	

These are two new riders that we are filing for review and approval. These are optional riders that can be added to our new issue or inforce policies of the current version. LIU-721 (4-09) is for our whole life policy and LIU-723 (4-09) is for

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our universal life policy. These riders are for the base insured, to allow for additional term coverage. We want to offer a rider with a rate guaranteed for 20 years. After 20 years, the riders will automatically renew annually at ART rates.

These forms will be individually marketed by our contracted agents.

To the best of our knowledge, this filing contains no unusual or possibly controversial items from normal company or industry standards.

Thank you for your consideration.

## Company and Contact

### Filing Contact Information

Joanne Young, Analyst	jyoung@unitedfiregroup.com
118 2nd Ave SE	(319) 286-2620 [Phone]
Cedar Rapids, IA 52407-3909	(319) 286-2570[FAX]

### Filing Company Information

United Life Insurance Company	CoCode: 69973	State of Domicile: Iowa
118 2nd Ave SE	Group Code: 248	Company Type: Life
PO Box 73909		
Cedar Rapids, IA 52407-3909	Group Name: United Fire Group	State ID Number:
(319) 399-5700 ext. [Phone]	FEIN Number: 42-6061188	

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## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Life Insurance Company	\$40.00	02/11/2009	25660834

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Product Name:	LIU-721 & LIU-723 (4-09)		
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/12/2009	02/12/2009

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<i>Product Name:</i>	<i>LIU-721 &amp; LIU-723 (4-09)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 02/12/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UNFG-126015619</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>LIU-721 &amp; LIU-723 (4-09)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Form</b>	Additional 20 Year Term Rider		Yes
<b>Form</b>	Additional 20 Year Term Rider		Yes

SERFF Tracking Number: UNFG-126015619 State: Arkansas

Filing Company: United Life Insurance Company State Tracking Number: 41512

Company Tracking Number: LIU-721 & 723 (4-09)

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: LIU-721 & LIU-723 (4-09)

Project Name/Number: /

## Form Schedule

Lead Form Number: LIU-721 (4-09)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LIU-721 (4-09)	Policy/Cont	Additional 20 Year ract/Fratern Term Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54	LIU-721 (4-09).pdf
	LIU-723 (4-09)	Policy/Cont	Additional 20 Year ract/Fratern Term Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54	LIU-723 (4-09).pdf

**UNITED LIFE INSURANCE COMPANY**  
**Cedar Rapids, Iowa**

**ADDITIONAL 20 YEAR TERM RIDER**

**1. BENEFIT**

We will pay the amount of Additional 20 Year Term Insurance benefit shown on the Policy Schedule of Benefits as soon as We receive due proof of the Insured's death while this rider is in force.

**2. BENEFICIARY**

The benefit shown will be paid to the Insured on whose life the policy is issued (the Insured) unless specifically designated otherwise.

**3. SUICIDE EXCLUSION**

If the Insured dies as a result of suicide within one year from the effective date of this rider, the amount We will pay will be the sum of the premiums which have been paid for this rider.

**4. INCONTESTABILITY**

Except for nonpayment of premiums, We cannot contest this rider after it has been in force during the life of the Insured for two years from the effective date of this rider.

**5. PREMIUM PAYMENTS**

Premiums are payable in the amount and for the period shown in SECTION 1, or until the prior death of the Insured. The first premium is due as of the effective date of the rider and must be paid to place the rider in force. All premiums after the first are payable on or before the date they are due; however there is a grace period of 31 days for the payment of all premiums after the first. If the Insured dies during this grace period, the amount of any due and unpaid premiums for the rider and policy to which it is attached will be deducted from the death benefit proceeds.

**6. WAIVER OF PREMIUMS**

If, on any premium due date, premiums are being waived under a Disability Waiver of Premium rider included with this policy, any renewal premium due for this rider will also be waived.

**7. RENEWAL**

After the initial term, this rider will continue to renew annually until the policy or rider terminates.

**8. TERMINATION PROVISIONS**

This rider terminates the earliest of:

- a) When we are requested by the Owner in writing to do so; or
- b) The due date of any unpaid premium for the policy or this rider when said premium is in default beyond its grace period; or
- c) On the anniversary date on or next following the Insured's 95th birthday; or
- d) The termination or expiry of the policy; or
- e) When the Insured dies.

**9. CONVERSION PROVISION**

On written request of the Owner, this rider may be converted to a permanent policy, without evidence of insurability, subject to the following terms and conditions:

- a) The conversion may take place on a premium due date of any unpaid premium prior to the termination of this rider, except that the conversion must take place no later than the earlier of:
  - 1) the 17th anniversary of the rider; or
  - 2) on the anniversary date on or next following the Insured's 75th birthday.
- b) The plan of insurance under the new policy may be any permanent insurance plan which we are issuing on the date of the new policy.
- c) The policy date of the new policy will be the date of the conversion.

- d) The new policy will be based upon the attained age of the Insured at the time of conversion and the risk class of the Insured at the time this rider is issued.
- e) The amount converted may be no larger than the Additional 20 Year Term Insurance specified amount. No proof of insurability shall be required for the conversion policy except for any benefits added by rider.
- f) The premium on the new policy will be determined according to our premium rates in effect at the date of conversion for the Insured's age last birthday.

While the policy and rider are in full force, the Owner must submit a written application requesting the conversion and return the policy to us at our Home Office for deletion of this rider.

**10. ASSIGNMENT**

The benefits of this rider cannot be assigned.

**11. GENERAL PROVISION**

All provisions of the policy to which this is attached apply also to this rider. This rider is effective on the same date as the policy unless a different date is shown below.

Alternative Effective Date: \_\_\_\_\_

  
[Signature]  
SECRETARY



**UNITED LIFE INSURANCE COMPANY**  
**Cedar Rapids, Iowa**

**ADDITIONAL 20 YEAR TERM RIDER**

**1. BENEFIT**

We will pay the amount of Additional 20 Year Term Insurance benefit shown on the Policy Schedule of Benefits as soon as We receive due proof of the Insured's death while this rider is in force.

**2. BENEFICIARY**

The benefit shown will be paid to the Insured on whose life the policy is issued (the Insured) unless specifically designated otherwise.

**3. SUICIDE EXCLUSION**

If the Insured dies as a result of suicide within one year from the effective date of this rider, the amount We will pay will be the sum of the premiums which have been paid for this rider.

**4. INCONTESTABILITY**

Except for nonpayment of premiums, We cannot contest this rider after it has been in force during the life of the Insured for two years from the effective date of this rider.

**5. COST**

The monthly cost for this rider is determined as **a)** times **b)**, where:

- a)** is the Insured insurance specific amount; and
- b)** is the Insured mortality risk charge on the monthly policy date.

The Insured mortality risk charge rate is based upon sex, attained age and rate classification of the Insured. We can charge less than, but not more than, the maximum guaranteed Additional 20 Year Term Rider Cost of Insurance Rates Per \$1000 rates shown in the Policy Schedule. (In Montana, the rates are unisex and are not based on the Insured's sex.)

**6. WAIVER OF PREMIUMS**

If, on any premium due date, premiums are being waived under a Disability Waiver of Premium rider included with this policy, any renewal premium due for this rider will also be waived.

**7. RENEWAL**

After the initial term, this rider will continue to renew annually until the policy or rider terminates.

**8. TERMINATION PROVISIONS**

This rider terminates the earliest of:

- a)** When we are requested by the Owner in writing to do so; or
- b)** The due date of any unpaid premium for the policy or this rider when said premium is in default beyond its grace period; or
- c)** On the anniversary date on or next following the Insured's 95th birthday; or
- d)** The termination or expiry of the policy; or
- e)** When the Insured dies.

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On written request of the Owner, this rider may be converted to a permanent policy, without evidence of insurability, subject to the following terms and conditions:

- a)** The conversion may take place on a premium due date of any unpaid premium prior to the termination of this rider, except that the conversion must take place no later than the earlier of:
  - 1)** the 17th anniversary of the rider; or
  - 2)** on the anniversary date on or next following the Insured's 75th birthday.
- b)** The plan of insurance under the new policy may be any permanent insurance plan which we are issuing on the date of the new policy.
- c)** The policy date of the new policy will be the date of the conversion.

- d) The new policy will be based upon the attained age of the Insured at the time of conversion and the risk class of the Insured at the time this rider is issued.
- e) The amount converted may be no larger than the Additional 20 Year Term Insurance specified amount. No proof of insurability shall be required for the conversion policy except for any benefits added by rider.
- f) The premium on the new policy will be determined according to our premium rates in effect at the date of conversion for the Insured's age last birthday.

While the policy and rider are in full force, the Owner must submit a written application requesting the conversion and return the policy to us at our Home Office for deletion of this rider.

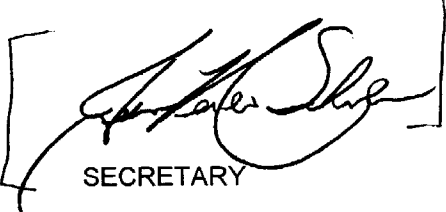
**10. ASSIGNMENT**

The benefits of this rider cannot be assigned.

**11. GENERAL PROVISION**

All provisions of the policy to which this is attached apply also to this rider. This rider is effective on the same date as the policy unless a different date is shown below.

Alternative Effective Date: \_\_\_\_\_

  
SECRETARY

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## Rate Information

Rate data does NOT apply to filing.

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Product Name: LIU-721 & LIU-723 (4-09)  
Project Name/Number: /

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Flesch Certification 01/30/2009  
**Comments:**  
**Attachment:**  
AR Cert.pdf

### Review Status:

**Satisfied -Name:** Application 01/30/2009  
**Comments:**  
These riders will be used with application LIU-113 (4-09) which was approved by your office on 2/9/09.

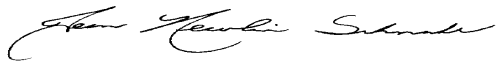
## CERTIFICATE OF COMPLIANCE

### UNITED LIFE INSURANCE COMPANY

Form number:    LIU-721 (4-09)    Additional 20 Year Term Rider  
                      LIU-723 (4-09)    Additional 20 Year Term Rider

I hereby certify to the best of my knowledge and belief that this filing is in compliance with Arkansas Regulations 19 and 49 and Bulletin 11-88.

Certified by:



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Jean Newlin Schnake, Secretary  
United Life Insurance Company

February 11, 2009

Date